Patent Application Data Sheet

Application Information

Application Type:	Regular
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Subject Matter: Utility

Suggested

Classification:

Suggested Group Art

Unit:

CD-ROM or CD-R?:

Number of CD disks:

Number of copies of CDs:

Sequence submission?:

Computer Readable

Form (CRF)?: Yes

Number of copies of CRF:

Title: RISK MANAGEMENT SYSTEM AND METHOD

PROVIDING RULE-BASED EVOLUTION OF A

PORTFOLIO OF INSTRUMENTS

Attorney Docket Number: 11483-174

Request for Early

Publication?:

Request for Non-Publication?: No

Suggested Drawing Figure: 4

Total Drawing Sheets:

Small Entity?: No

Latin Name:

4

name:	
Petition included?:	No
Petition Type:	
Licensed US Govt.	
Agency:	
Contract or Grant	
Numbers:	
Secrecy Order in	
Parent Appl.?:	No
Applicant Information	
Inventor Authority Type:	Inventor
Primary Citizenship	
Country:	Canada
· · · · · · · · · · · · · · · · ·	
Status:	Full Capacity
Status:	Full Capacity
Status:	Full Capacity
Status: Given Name:	Full Capacity Jim
	, ,
Given Name:	, ,
Given Name: Middle Name:	Jim
Given Name: Middle Name: Family Name:	Jim Degraaf
Given Name: Middle Name: Family Name: Name Suffix:	Jim Degraaf Mr.
Given Name: Middle Name: Family Name: Name Suffix: City of Residence:	Jim Degraaf Mr.
Given Name: Middle Name: Family Name: Name Suffix: City of Residence: State or Prov. Of	Jim Degraaf Mr. Toronto
Given Name: Middle Name: Family Name: Name Suffix: City of Residence: State or Prov. Of Residence:	Jim Degraaf Mr. Toronto Ontario

State or Province of

mailing address:

Ontario

Country of mailing address:

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Postal or Zip Code of

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M6R 1K8

Inventor Authority Type:

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Primary Citizenship

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Status:

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Ben

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Family Name:

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Residence:

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Country of Residence:

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City of mailing address:

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State or Province of

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Postal or Zip Code of

mailing address:

L4L 3G4

Inventor Authority Type:

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Primary Citizenship

Country:

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Status:

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Given Name:

Antonin

Middle Name:

Family Name:

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State or Province of

mailing address:

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Postal or Zip Code of

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Correspondence Information

Correspondence Customer

Number:

001059

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416-364-7311

(Max. 3 telephone numbers)

Fax Number:

(416) 361-1398

E-Mail Address:

klo@bereskinparr.com

(Max. 3 e-mail addresses)

-4-

Initial 04/20/04

Representative Information

Representative

Customer Number:

001059

Domestic Priority Information

Application:

Continuity Type:

Continuation

Parent

Parent Filing

Application:

09/324,920

06/03/1999

Date:

Foreign Priority Applications

Country:

Application

Filing Date:

Priority Claimed

Number:

Assignee Information

Assignee name::

Algorithmics International Corp.

Street of mailing address::

Chancery House, High Street

City of mailing address::

Bridgetown

State or Province of

mailing address::

Barbados

Country of mailing address::

West Indies

Postal or Zip Code of

mailing address::